

AUTO CR - LOG SUMMARY #1055495

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer destroyed a vicious dog that menaced him and charged at him	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party			011 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-JUL-2012 12 49 - 13-JUL-2012 12 49		1112	011	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	COLLINS JR, PHILLIP P	1111		011 /	POLICE OFFICER	M	WHI	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	07-DEC-2012 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	08-AUG-2012 09:44	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-AUG-2012 09:43	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	08-AUG-2012 09:42	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	08-AUG-2012 09:41	DEAN, BRUCE	SUPERVISING INV COPA	113 /	flashlight
PENDING SUPERVISOR REVIEW	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 07:38	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 07:35	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 02:39	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY SGT MURPHY Emp No. [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GONZALEZ, JORGE	13-JUL-2012 02:39			
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED]	N	TOUSANT, LISA	13-JUL-2012 07:38	DELETED		
	DOCUMENTS - INTAKE INCIDENT		14		N	TOUSANT, LISA	08-AUG-2012 06:41	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	[REDACTED]	N	TOUSANT, LISA	08-AUG-2012 06:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED]	N	TOUSANT, LISA	13-JUL-2012 09:38	DELETED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED]	N	TOUSANT, LISA	08-AUG-2012 06:55	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	TOUSANT, LISA	08-AUG-2012 06:53	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 13-JUL-2012) - LOG #1055495

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MURPHY, GERARD T			011 /	SERGEANT OF POLICE	M	WHI		

Incident Information

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13-JUL-2012 12:49 - 13-JUL-2012 12:49		1112	011	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	13-JUL-2012 02:39	GONZALEZ, JORGE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	07-DEC-2012 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	07-DEC-2012 11:22	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	08-AUG-2012 09:44	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	08-AUG-2012 09:43	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	08-AUG-2012 09:42	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PRELIMINARY	08-AUG-2012 09:41	DEAN, BRUCE	SUPERVISING INV COPA	113 /	flashlight
PENDING SUPERVISOR REVIEW	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	

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PRELIMINARY	08-AUG-2012 06:55	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 07:38	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 07:35	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	13-JUL-2012 02:39	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY SGT MURPHY Emp No. [REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 13-JUL-2012		TIME 00:59:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 1112									
	5 POSITION 9161		6 LAST NAME [REDACTED]		7 FIRST NAME [REDACTED]		8 STAR NO 12121		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 601		13 WT 195			
	14 DATE OF APPT 24-APR-1991		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 011 1111R		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE [REDACTED]		25 D O B [REDACTED]		26 HT [REDACTED]		27 WT [REDACTED]					
SUBJECT INFORMATION	28 ADDRESS [REDACTED]				29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36 CHARGES PLACED [REDACTED]								<input checked="" type="checkbox"/> DNA		37 CB NO [REDACTED]		IR NO [REDACTED]		<input checked="" type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)																				
	38 <input checked="" type="checkbox"/> DNA																			
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAILANT ASSAULT				ASSAILANT BATTERY				ASSAILANT DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____				FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____				IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____				ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____				OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____				ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____				KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				FIREARM <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																			
	40 ADDITIONAL INFORMATION DESTRUCTION OF VISCIOUS DOG THAT MENACED AND CHARGED AT REPORTING OFFICER																			
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]															
WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors				43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial				44 WEATHER CONDITIONS CLEAR			
	45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)				46 MODEL 4586				47 BARREL LENGTH 4				48 CALIBER/GAUGE 45 CAL							
	49 TASER DART ID NO [REDACTED]		50 WEAPON SERIAL No (Include Letters) VAU4333				51 CHICAGO GUN REG NO [REDACTED]				52 IL FIREARM OWNER ID NO [REDACTED]				53 HANDGUN CERTIFICATE NO [REDACTED]					
	54 SPECIAL WEAPON CERTIFICATE NO [REDACTED]		55 PROPERTY INVENTORY NO [REDACTED]				56 TYPE OF AMMUNITION USED 230G HOLLOW POINT				57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1				58 TOTAL NO OF SHOTS MEMBER FIRED 5					
WEAPON DISCHARGE INCIDENT	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED [REDACTED]				62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				70 EVENT NO [REDACTED]			
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)				64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]								65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE								67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT											
	68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN								69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
CASE INFO.	72																			
	NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																			
SIGNATURES	73 REPORTING MEMBER (Print Name) COLLINS JR, PHILLIP P 13-JUL-2012 03:48:52 STAR/EMPLOYEE NO 12121 SIGNATURE [REDACTED]																			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																			
SIGNATURES	74 REVIEWING SUPERVISOR (Print Name) MURPHY, GERARD T				STAR NO 924				SIGNATURE [REDACTED]				DATE REVIEWED 13-JUL-2012 04:37:39				TIME 13-JUL-2012 04:37:39			

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The involved Department member discharged his firearm to destroy a vicious dog while performing his official duties. The Department member conformed to Department policy and procedure during the destruction of the animal. CPIC and IAD notified. Administrative Log CL1055495 obtained. IAD Sgt. SKOL #1378 arrived in 011 to administer required tests.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO [REDACTED] OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

SESSO, STEVEN A

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

13-JUL-2012 05:00:01

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
PD-11 368(6/03)-C

PD # [REDACTED]
EVENT #: [REDACTED]

INCIDENT	APPROVAL COMPLETE		
	IUCR: 0550 - Assault - Aggravated Po: Handgun		
	Occurrence Location: [REDACTED] 290 - Residence	Beat: 1523	Unit Assigned: 1513R RO Arrival Date: 12 July 2012 03:25
	Occurrence Date: 12 July 2012 03:24		# Offenders: 8

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: [REDACTED]		
	Res: [REDACTED]	Beat: 1513	
	Sobriety: Sober CPD Officer: Yes		
	Other Communications and Availability		
Business Phone : 312-743-1440			
Available Time 21:00:00 - 06:00:00			

SUSPECT(S)	Suspect # 1		In Custody	
	Name: [REDACTED]	Beat: 3100	Demographics	
	Res: [REDACTED]		Male	DOB: [REDACTED]
			White Hispanic	Age: 20 years
			5'06,	Birth Place: Illinois
			170 lbs ,	
		Brown Eyes		
		Black Hair		
		Medium Hair Style		
		Light Complexion		

SUSPECT(S)	Injury Info	
	Extent: Minor	
	<u>Type</u> Abrasions	<u>Weapon Used</u> <u>Description</u> Hand/Feet/Teeth/ Etc.

SUSPECT(S)	Suspect # 2		In Custody	
	Name: [REDACTED]	Beat: 2424	Demographics	
	Res: [REDACTED]		Male	DOB: [REDACTED]
			Black	Age: 25 years
			6'01,	Birth Place: Illinois
			185 lbs ,	
		Brown Eyes		
		Black Hair		
		Braids Hair Style		
		Medium Brown Complexion		

Suspect # 3		In Custody	
Name: [REDACTED]	Beat: 3100	Demographics	
Res: [REDACTED]		Male	DOB: [REDACTED]
		Black	Age: 22 years
		5'09,	Birth Place: Illinois
		155 lbs ,	
		Brown Eyes	
		Black Hair	
		Short Hair Style	
		Medium Brown Complexion	
Suspect # 4		In Custody	
Name: [REDACTED]	Beat: 2413	Demographics	
Res: [REDACTED]		Male	DOB: [REDACTED]
		Black	Age: 22 years
		5'04,	Birth Place: Illinois
		140 lbs ,	
		Brown Eyes	
		Black Hair	
		Braids Hair Style	
		Medium Brown Complexion	
Suspect # 5		In Custody	
Name: [REDACTED]	Beat: 2433	Demographics	
Res: [REDACTED]		Female	DOB: [REDACTED]
		Black	Age: 18 years
		5'05,	Birth Place: Illinois
		170 lbs ,	
		Black Eyes	
		Black Hair	
		Medium Hair Style	
		Medium Brown Complexion	
Suspect # 6		In Custody	
Name: [REDACTED]	Beat: 2022	Demographics	
Res: [REDACTED]		Female	DOB: [REDACTED]
		Black	Age: 18 years
		5'05,	Birth Place: Illinois
		120 lbs ,	
		Brown Eyes	
		Black Hair	
		Medium Hair Style	
		Medium Brown Complexion	
Suspect # 7		In Custody	
Name: [REDACTED]	Beat: 2022	Demographics	
Res: [REDACTED]		Female	DOB: [REDACTED]
		Black	Age: 13 years
		5'05,	Birth Place: Illinois
		110 lbs ,	
		Brown Eyes	
		Black Hair	
		Medium Hair Style	
		Medium Brown Complexion	



SUSPECT(S)	Suspect # 8		In Custody	
	Name: [REDACTED] Res: [REDACTED]	Beat: 2411	Demographics Female Black 5'04, 170 lbs Brown Eyes Black Hair Long Hair Style Medium Brown Complexion	

RELATIONSHIP	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	[REDACTED]	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

FIREARMS	Firearm #1		Possessor/User: [REDACTED]	
	Type: Semi-Automatic Pistol			
	Make: Colt --Us--	Model: Colt 38	Serial #: [REDACTED]	
	Feature: Chrome/Nickel	Caliber/Gauge: 38 caliber		
	Displayed? Yes	Used? No	Recovered? Yes	
	Taken/Stolen? No	Duty Related? No	Evidence?	
	Owner Known? Yes			
	Registered Status: Other		Magazine Capacity: 6	
	Location Found: In Vehicle	Inventory #: 00000000		
	# Live Rounds: 7			

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Name
	Notification	630	Detective Area - North	12 July 03:48	[REDACTED]
	Other Notifications May Be In Narrative.				
	Notification	177	Forensic Services Division	12 July 03:45	
	Notification	116	Deployment Operations Center	12 July 03:44	[REDACTED]
	Request		O.E.M.C.	12 July 03:52	
	Notification	116	Deployment Operations Center	12 July 03:57	[REDACTED]

Chicago Police Department - Incident Report

RD #: [REDACTED]

SUSPECT(S)

Suspect # 8:

Name: [REDACTED]

Res: [REDACTED]

Beat: 2411

Demographics

Female

Black

5'04,

170 lbs ,

Brown Eyes

Black Hair

Long Hair Style

Medium Brown Complexion

In Custody

DOB: [REDACTED]

Age: 17 years

Birth Place: Illinois

RELATIONSHIP

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Victim)

is a No Relationship of

(Offender)

(Offender)

(Offender)

(Offender)

(Offender)

(Offender)

(Offender)

(Offender)

(Offender)

Firearm #1

Possessor/User: [REDACTED]

Type: Semi-Automatic Pistol

Make: Colt --Us--

Model: Colt 38

Serial #: [REDACTED]

Feature: Chrome/Nickel

Caliber/Gauge: 38 caliber

Displayed? Yes

Used? No

Recovered? Yes

Taken/Stolen? No

Duty Related? No

Evidence?

Owner Known? Yes

Magazine Capacity: 6

Registered Status: Other

Location

In Vehicle

Found:

Inventory #: 00000000

Live Rounds: 7

FIREARMS

Request Type

Unit

Agency Name

Date

Name

Notification

630

Detective Area -
North

12 July 03:48

Other Notifications May Be In Narrative.

Notification

177

Forensic Services
Division

12 July 03:45

Notification

116

Deployment
Operations Center

12 July 03:44

Request

O E M.C.

12 July 03:52

Notification

116

Deployment
Operations Center

12 July 03:57



NARRATIVES

EVENT#02179 IN SUMMARY REFER TO DETECTIVE SUPPLEMENTARY REPORT

NOTIFICATION: DISTRICT DESK KAUP Beat#: Star#: Emp#: Date: 12-JUL-2012 Time: 0347 NOT

- STAR#: 15933 NAME: JUAN CUEVAS BEAT: 1513R
- STAR#: 15858 NAME: LUIS GONZALEZ BEAT: 1511R
- STAR#: 10490 NAME: MELVIN MENDEZ BEAT: 1511R
- STAR#: 19165 NAME: RICHARD PELLERANO BEAT: 1523R
- STAR#: 9664 NAME: DEIDRE FISCHER BEAT: 1523R
- STAR#: 4792 NAME: FRANCES CIFUENTES BEAT: 1531R
- STAR#: 4542 NAME: NICHOLAS SAVIANO BEAT: 1531R
- STAR#: 19343 NAME: ALVIN DIMALANTA BEAT: 1522R
- STAR#: 15877 NAME: RICARDO CUEVAS BEAT: 1532R
- STAR#: 11891 NAME: TITO FERNANDEZ BEAT: 1532R
- STAR#: 2286 NAME: NANCY SWEENEY BEAT: 1530R
- STAR#: 1627 NAME: BRIAN CALLAGHAN BEAT: 1510R
- STAR#: 2103 NAME: JAMES PRAH JR BEAT: 1520R
- STAR#: 6555 NAME: KEVIN MANGERICH BEAT: 1593
- STAR#: 10807 NAME: KEVIN GRANEY BEAT: 1522R
- STAR#: 6190 NAME: JAMES BUNYON BEAT: 1593

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	10493	[REDACTED]	ROMAN, Joseph, M	([REDACTED])	12 Jul 2012 09:34	015	1513R

IUCR ASSOCS

Victim	IUCR	Crime	Offender
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]
[REDACTED]	0550	Assault - Aggravated Po: Handgun	[REDACTED]



BUREAU OF INTERNAL AFFAIRS
INVESTIGATIONS DIVISION
GENERAL INVESTIGATIONS SECTION

13Jul12
CL# [REDACTED]

TO: Juan Rivera
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Section

ATTN: Lt. Susan Clark # 320
Administrative Section
Investigations Division

FROM: Sergeant Larry W. Skol #1378
Investigations Division
General Investigations Section

SUBJECT: **Synoptic Report – Firearm Discharge Incident – Animal Destroyed**

RESULTS: **BAC .000**

REFERENCE: LOG # [REDACTED]
WD # [REDACTED]
RD # [REDACTED]
CB # [REDACTED]
[REDACTED]
[REDACTED]

INCIDENT
LOCATION: [REDACTED]

DATE & TIME: 13Jul12 0049hrs

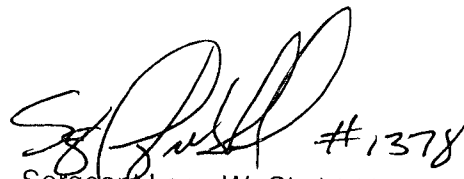
W/C: Lt. Sesso #340

INVOLVED MEMBER(s): Phillip P. Collins Jr.
Star #12121
Employee # [REDACTED]
Unit of Assignment 011District
C/S 24Apr91
DOB: 02Dec64

NARRATIVE:

R/Sgt. received notification from P/O Gonzalez #3445 assigned to Operations Command at 0100 hours on 13Jul12 regarding a Firearm Discharge Incident in the 011th District.

R/Sgt. arrived and began the 20 min observation period of PO Phillip Collins at 0300 hours. PO Phillip Collins was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. R/Sgt. then collected the urine specimen of PO Phillip Collins, due to the fact that PO Collins requested that he be allowed to urinate, and maintained control of the specimen per IAD protocol. The Breath Test was conducted at 0031 hours and the BAC was .000. The W/C, Lt. Sesso #340, was notified of the results.

A handwritten signature in black ink, appearing to read "Sgt. Skol", followed by the number "#1378".

Sergeant Larry W. Skol #1378
General Investigations Section
Investigations Division

APPROVED:

A handwritten signature in black ink, appearing to read "Lt. S. Clark", with the number "320" written below it.

Lt. Susan Clark # 320
Administrative Section
Investigations Division

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by SGT. L. SKOL #1378

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 13 day of JULY, 2012 at 0317, I, Phillip P. Collins Jr.
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT. L. SKOL #1378
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colin, on 13 July 12, at 0800
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____ (RTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RTU MEMBER'S SIGNATURE) STAR/EMP NO.

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified

☒ Photo ID

☐ Emp Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X

Signature of Collector

Time of Collection

(AM/PM)

(Print) Collector's Name (First, MI, Last)

Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo Day Yr

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13th day of July 2012, I MARIA COLON #24925
received a collected urine specimen from Sgt SKOL #1378. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by MARIA COLON #24925 in the presence
of Sgt SKOL #1378. The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA COLON #24925, as witnessed by Sgt SKOL #1378

Specimen delivered by:

Signature [Signature] # 1378

Received/stored by:

Signature Maria Colon # 24925



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PHILLIP P. COLLINS JR Title PO
Star No. 12121 Employee No. [REDACTED] Unit 011

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>PHILLIP P. COLLINS JR</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>13 JULY 0310</u>
Type of Test: Alcohol	Location: <u>011TH DISTRICT</u>	Date and Time: <u>13 JUL 12 0331</u>	
Type of Test: Drug	Location: <u>011TH DISTRICT</u>	Date and Time: <u>13 JUL 12 0315</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>SGT. L. SKOL #1378</u>	IAD Supervisor's Signature <u>[Signature]</u>	Date and Time <u>13 JUL 12 0345</u>
--	--	--

CPD-44.252 (7/10) DISTRIBUTION ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

Last Name: COLLINS
First Name: PHILLIP
Rank: PO
Star #: 12121
Unit: 011
Home Zip Code: [REDACTED]
Date Hired: 24 APR 91
Birthdate: [REDACTED]

13 July 12

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by Sgt. L. Skol #1378

☐ Employer Representative _____

Signature of Employer Representative

PART I -

A. On the 13 day of JULY, 2012 at 0317, I, Phillip P. Collins Jr,
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to Sgt. L. Skol #1378
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
██████████	██████████

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number ██████████

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number ██████████

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II -

The urine specimen with the control number ██████████ as received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

M. Colin, on 13 July 12, at 0800,
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

DETROIT POLICE DEPT
LABORATORY UNIT, 8102/50
100 S HENRIEN AV
DETROIT MI 48224
TEL: 313-245-5052 FAX: 313-245-4819

PH: FAX:

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last

First

E. Donor ID Verified.

☒ Photo ID

☐ Emp. Rep.

F. Reason for Test.

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99) WEAPONS DISCHARGE PER

G. Drug Tests to be Performed:

FOP CONTRACT

H. Collection Site Name

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☒ Observed (Enter Remark)

REMARKS 011th DISTRICT

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor, identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements

X 0317 AM
Signature of Collector
DET LARRY W. SKOL #1378
(Print) Collector's Name (First, MI, Last)

07/13/12
Time of Collection
Date (Mo /Day/Yr)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED
AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo /Day/Yr)

Primary Specimen
Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, each specimen bottle used was sealed with a tamper-evident seal in my presence, and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct

X
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo /Day/Yr)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth
Mo Day Yr

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo /Day/Yr)

COPY 2: MEDICAL REVIEW OFFICER COPY

CPD 0081091

RANDOM DRUG TESTING UNIT
ALTERNATE COLLECTION RECEIPT

On the 13th day of July 2012, I MARIA Colon #24925
received a collected urine specimen from Sgt SKOL # [REDACTED] The specimen
was delivered in (sealed) unsealed condition and was received in packaging described as.

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag)

or

☐

The packaging was then opened by MARIA Colon #24925 in the presence
of Sgt. SKOL #1378 The following items were removed from the container

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by MARIA Colon #24925, as witnessed by Sgt. SKOL #1378

Specimen delivered by:

Signature [Signature] # 1378

Received/stored by:

Signature Maria Colon # 24925



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name PHILLIP P. COLLINS JR Title PO
Star No. 12121 Employee No. [REDACTED] Unit 011

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

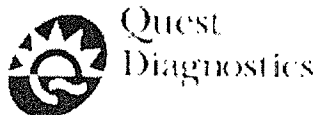
Print Member's Name <u>PHILLIP P. COLLINS JR</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>13 JUL 12 0310</u>
Type of Test: Alcohol	Location: <u>011TH DISTRICT</u>	Date and Time <u>13 JUL 12 0331</u>	
Type of Test: Drug	Location: <u>011TH DISTRICT</u>	Date and Time: <u>13 JUL 12 0315</u>	

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>SGT. L. SKOL #1378</u>	IAD Supervisor's Signature <u>[Signature] #1378</u>	Date and Time <u>13 JUL 12 0345</u>
--	--	--

CPD-44.252 (7/10)

DISTRIBUTION ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER



7/25/2012 7:05:23 PM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION [REDACTED]
LAB REF NO [REDACTED]
COLLECTED 7/13/2012 03:17
RECEIVED 7/14/2012 06:23
REPORTED 7/14/2012 13:10
DOCUMENT ID

CLIENT INFORMATION

[REDACTED]
CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653

Reason: OTHER -- WEAPONS DISCHARGE/FOP CONTRACT

Tests Ordered: [REDACTED]

Integrity Checks

Acceptable Range

CREATININE [REDACTED]
pH [REDACTED]
OXIDIZING ADULTERANTS Negative

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	[REDACTED]
BARBITURATES	Negative	[REDACTED]
BENZODIAZEPINES	Negative	[REDACTED]
COCAINE METABOLITES	Negative	[REDACTED]
MARIJUANA METABOLITES	Negative	[REDACTED]
METHADONE	Negative	[REDACTED]
METHAQUALONE	Negative	[REDACTED]
OPIATES	Negative	[REDACTED]
PHENCYCLIDINE	Negative	[REDACTED]
PROPOXYPHENE	Negative	[REDACTED]

CERTIFYING SCIENTIST: [REDACTED]

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

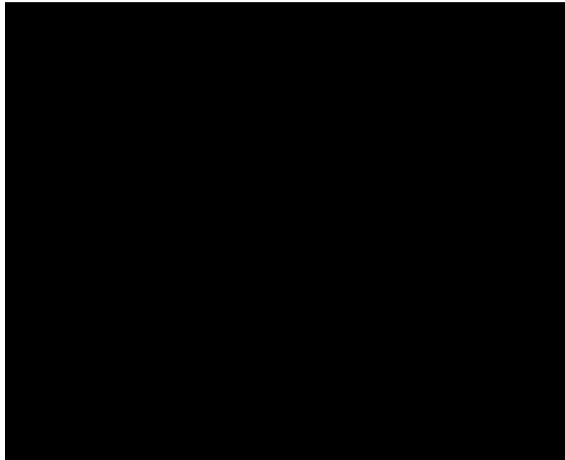
Test Type: WEAPONS DISCHARGE/FOP CONTRACT mapped to OTHR

7/25/2012

CPD 0081094

UNIT NO.	PROP. INVENTORY NO.	DATE RECEIVED		MANNER RECEIVED <input type="checkbox"/> MAIL <input type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER- DESCRIBE	
	13JUL 12				
DELIVERING OFFICER	STAR NO.		E & RPS RECEIVING OFFICER		STAR NO.
	Set. L. Skel # 137Y				
CONTENTS - DESCRIBE					
CL # [REDACTED]					
AMOUNT \$					
EVIDENCE - PROPERTY ENVELOPE EVIDENCE & RECOVERED PROPERTY SECTION CHICAGO POLICE DEPARTMENT					

SEAL WITHIN WHITE AREA



SUBJECT

~~Officer [redacted]~~

OPERATOR

Sgt. SKOL #1378

WITNESS

DNA

TEST LOCATION

~~[redacted]~~

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 13-JUL-2012		TIME 00:59:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 290		4 BEAT/OCCUR 1112								
	5 POSITION 9161		6 LAST NAME COLLINS JR		7 FIRST NAME PHILLIP P		8 STAR NO 12121		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE WHI		11 AGE [REDACTED]		12 HT 601		13 WT 195		
	14 DATE OF APPT 24-APR-1991		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 011 1111R		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	20 LAST NAME		21 FIRST NAME		22 M I		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT				
SUBJECT INFORMATION	28 ADDRESS				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA								37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA						
REASON FOR USE OF FORCE (Check all that apply)	38 <input checked="" type="checkbox"/> DNA																		
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE								
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>										
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>										
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____											
MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>											
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____											
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>													
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																	
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																	
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																	
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																	
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																	
OTHER _____		OTHER _____		OTHER _____															
WEAPON DISCHARGE INCIDENT	39 <input type="checkbox"/> DNA																		
	40 ADDITIONAL INFORMATION DESTRUCTION OF VISCIOUS DOG THAT MENACED AND CHARGED AT REPORTING OFFICER																		
	POSITION		STAR NO		UNIT														
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR										
	45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46 MODEL 4586		47 BARREL LENGTH 4		48 CALIBER/GAUGE 45 CAL												
	49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters) [REDACTED]		51 CHICAGO GUN REG NO [REDACTED]		52 IL FIREARM OWNER ID NO [REDACTED]		53 HANDGUN CERTIFICATE NO										
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED [REDACTED]		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1		58 TOTAL NO OF SHOTS MEMBER FIRED 5										
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO [REDACTED]										
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO														
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE				67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT														
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
CASE INFO.	71 R D NO [REDACTED]																		
	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																		
SIGNATURES	73 REPORTING MEMBER (Print Name) COLLINS JR, PHILLIP P 13-JUL-2012 03:48:52 STAR/EMPLOYEE NO 12121 SIGNATURE [REDACTED]																		
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																		
74 REVIEWING SUPERVISOR (Print Name) MURPHY, GERARD T		STAR NO 924		SIGNATURE [REDACTED]		DATE REVIEWED 13-JUL-2012 04:37:39		TIME											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The involved Department member discharged his firearm to destroy a vicious dog while performing his official duties. The Department member conformed to Department policy and procedure during the destruction of the animal. CPIC and IAD notified. Administrative Log CL1055495 obtained. IAD Sgt. SKOL #1378 arrived in 011 to administer required tests.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO [REDACTED] OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

SESSO, STEVEN A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

13-JUL-2012 05:00:01

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1

CASE SUPPLEMENTARY REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

METHOD/CAU CODE		DETECTIVE SUP. APPROVAL COMPLETE			
Last Offense Classification/Re-Classification	IUCR Code	Original Offense Classification		IUCR Code	
OFFENSE INVOLVING CHILDREN / Contribute Delinquency Of A Child	1720	OFFENSE INVOLVING CHILDREN / Contribute Delinquency Of A Child		1720	
Address of Occurrence	Beat of Occur	No of Victims	No of Offenders	No of Arrested	SCR No
	1112	2	5	5	
Location Type	Location Code	Secondary Location		Hate Crime?	
Residence	290			NO	
Date of Occurrence	Unit Assigned	Date RO Arrived	Fire Related?	Gang Related?	Domestic Related?
13-JUL-2012 00:49	1111R	13-JUL-2012 00:49	NO	NO	NO
Reporting Officer	Star No	Approving Supervisor	Star No	Primary Detective Assigned	Star No
ORTON, John	20995	ORTON, John	20995		
Date Submitted	Date Approved	Assignment Type			
13-JUL-2012 08:08	13-JUL-2012 08.10	ADMIN			

THIS IS A ADMIN INVESTIGATION METHOD/CAU CODE REPORT

VICTIM(S) :

STATE OF ILLINOIS, P.O.

TYPE: Individual

Collins 12121

EMPLOYMENT: Chicago Police Officer

SOBRIETY: Sober

BUS: 3151 W Harrison St
Chicago IL

OTHER COMMUNICATIONS:

Residence
e Phone :STATE OF ILLINOIS,

TYPE: Individual

P.O.Sandoval7055

EMPLOYMENT: Chicago Police Officer

SOBRIETY: Sober

BUS: 3151 W Harrison St
Chicago IL

OTHER COMMUNICATIONS:

Residence
e Phone :

OFFENDER(S):

-- In Custody --

Male / White / 22 Years

DOB:

RES:

BIRTH PL: Illinois

DESCRIPTION: 4'11,190,Blond/Strawberry Hair, Medium Hair Style, Blue Eyes,

Fair Complexion

ITEM USED:

Alcohol
Drugs/Narcotics

RELATIONSHIP OF VICTIM TO OFFENDER:

STATE OF ILLINOIS, P.O.Sandoval7055 No Relationship
STATE OF ILLINOIS, P.O. Collins 12121 No Relationship

-- In Custody --

Female / White / 23 Years

DOB:

RES:

BIRTH PL: Michigan

DESCRIPTION: 5'01,105,Blond/Strawberry Hair, Medium Hair Style, Hazel Eyes, Light Complexion

BUSINESS NAME:

ITEM USED:

Alcohol

OCCUPATION: Shift Manager

RELATIONSHIP OF VICTIM TO OFFENDER:

STATE OF ILLINOIS, P.O Sandoval7055 No Relationship
STATE OF ILLINOIS, P.O. Collins 12121 No Relationship

-- In Custody --

Male / White / 28 Years

DOB:

RES:

BIRTH PL: Illinois

DESCRIPTION: 5'05,140,Black Hair, Medium Hair Style, Brown Eyes, Light Complexion

ITEM USED:

Alcohol
Drugs/Narcotics

RELATIONSHIP OF VICTIM TO OFFENDER:

STATE OF ILLINOIS, P.O.Sandoval7055 No Relationship
STATE OF ILLINOIS, P.O Collins 12121 No Relationship

-- In Custody --

STEELE, Quintin H

Male / Black / 19 Years

DOB: [REDACTED]

RES: [REDACTED]

BIRTH PL: Illinois

DESCRIPTION: 5'00,170,Blond/Strawberry Hair, Medium Hair Style, Brown Eyes,
Fair Complexion

ITEM USED:

Alcohol
Drugs/Narcotics

RELATIONSHIP OF VICTIM TO OFFENDER:

STATE OF ILLINOIS, P.O.Sandoval7055 No Relationship
STATE OF ILLINOIS, P.O. Collins 12121 No Relationship

[REDACTED]

-- In Custody --

Male / White / 22 Years

DOB: [REDACTED]

RES: [REDACTED]

BIRTH PL: Illinois

DESCRIPTION: 6'03,135,Blond/Strawberry Hair, Medium Hair Style, Hazel Eyes,
Light Complexion

RELATIONSHIP OF VICTIM TO OFFENDER:

STATE OF ILLINOIS, P.O.Sandoval7055 No Relationship
STATE OF ILLINOIS, P.O. Collins 12121 No Relationship

LOCATION OF INCIDENT:

[REDACTED]

290 - Residence

DATE & TIME OF INCIDENT:

13-JUL-2012 00:49

METHOD CODE(S):

DNA

CAU CODE(S):

Police Related Not Con

PERSONNEL ASSIGNED:

Reporting Officer

CAMEY SANDOVAL, Carlos R # 7055 BEAT. 1111R

CRIME CODE SUMMARY:

1720 - Offense Involving Children - Contribute Delinquency Of A Child
5011 - Other Offense - License Violation

IUCR ASSOCIATIONS:

1720 - Offense Involving Children - Contribute Delinquency Of A Child

STATE OF ILLINOIS, P.O Sandoval7055 (Victim)
[REDACTED] (Offender)
[REDACTED] (Offender)
STATE OF ILLINOIS, P.O Sandoval7055 (Victim)
[REDACTED] (Offender)
STATE OF ILLINOIS, P.O Sandoval7055 (Victim)
STATE OF ILLINOIS, P.O.Sandoval7055 (Victim)

[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
<u>5011 - Other Offense - License Violation</u>	
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O.Sandoval7055	(Victim)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
STATE OF ILLINOIS, P O. Collins 12121	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)

[REDACTED]	(Offender)
GERARDIAN, [REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O Sandoval7055	(Victim)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
STATE OF ILLINOIS, P.O.Sandoval7055	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P O Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)
[REDACTED]	(Offender)
[REDACTED]	(Offender)
STATE OF ILLINOIS, P.O. Collins 12121	(Victim)

REPORT DISTRIBUTIONS:

No Distribution

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

INCIDENT

CLEARED CLOSED (ARREST AND PROSECUTION)

IUCR: 1720 - Offense Involving Children - Contribute Delinquency Of A Child
5011 - Other Offense - License Violation

Occurrence Location: [REDACTED]
290 - Residence

Beat: 1112

Unit Assigned: 1111R
RO Arrival Date: 13 July 2012 00:49

Offenders: 5

Occurrence Date: 13 July 2012 00:49

NON OFFENDER

VICTIM - Individual

Police Officer

Name: STATE OF ILLINOIS, P.O.
Collins 12121

Demographics

Age: Years

3151 W Harrison St Beat: 1134
Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence Phone: 312-746-8386

VICTIM - Individual

Police Officer

Name: STATE OF ILLINOIS,
P.O.Sandoval7055

Demographics

Age: Years

3151 W Harrison St Beat: 1134
Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence Phone: [REDACTED]

SUSPECTS

Suspect # 1

In Custody

Name: [REDACTED]
Res: [REDACTED]

Beat: 1112

Demographics

Male DOB: [REDACTED]
White Age: 28 years
5'05, Birth Place: IL
140 lbs
Brown Eyes Suspected of Using: Alcohol
Black Hair Drugs/Narcotics
Medium Hair Style cs
Light Complexion

Other Communications and Availability

CLEAR

Suspect # 2		In Custody
Name: [REDACTED]	Demographics	
Res: [REDACTED] Beat: 3100	Male	DOB: [REDACTED]
	Black	Age: 19 years
	5'00,	Birth Place: IL
	170 lbs	
	Brown Eyes	Suspected of Using: Alcohol
	Blond/Strawberry Hair	Drugs/Narcoti
	Medium Hair Style	cs
	Fair Complexion	
Other Communications and Availability		
Suspect # 3		In Custody
Name: [REDACTED]	Demographics	
Res: [REDACTED] Beat: 1112	Male	DOB: [REDACTED]
	White	Age: 22 years
	4'11,	Birth Place: IL
	190 lbs	
	Blue Eyes	Suspected of Using: Alcohol
	Blond/Strawberry Hair	Drugs/Narcoti
	Medium Hair Style	cs
	Fair Complexion	
Other Communications and Availability		
Suspect # 4		In Custody
Name: [REDACTED]	Demographics	
Res: [REDACTED] Beat: 1112	Female	DOB: [REDACTED]
	White	Age: 23 years
	5'01,	Birth Place: MI
	105 lbs	
Empl: [REDACTED]	Hazel Eyes	Suspected of Using: Alcohol
Shift Manager	Blond/Strawberry Hair	
	Medium Hair Style	
	Light Complexion	
Other Communications and Availability		
Suspect # 5		In Custody
Name: [REDACTED]	Demographics	
Res: [REDACTED] Beat: 1112	Male	DOB: [REDACTED]
	White	Age: 22 years
	6'03,	Birth Place: IL
	135 lbs	
	Hazel Eyes	
	Blond/Strawberry Hair	
	Medium Hair Style	
	Light Complexion	
Other Communications and Availability		

RELATIONSHIP			
(Victim)			(Offender)
STATE OF ILLINOIS, P.O. Collins	is a	No Relationship of	[REDACTED]
12121			
(Victim)			(Offender)
STATE OF ILLINOIS, P.O. Collins	is a	No Relationship of	[REDACTED]
12121			
(Victim)			(Offender)
STATE OF ILLINOIS, P.O. Collins	is a	No Relationship of	[REDACTED]
12121			
(Victim)			(Offender)
STATE OF ILLINOIS, P.O. Collins	is a	No Relationship of	[REDACTED]
12121			
(Victim)			(Offender)
STATE OF ILLINOIS, P.O. Collins	is a	No Relationship of	[REDACTED]
12121			
(Victim)			(Offender)
STATE OF ILLINOIS,	is a	No Relationship of	[REDACTED]
P.O.Sandoval7055			
(Victim)			(Offender)
STATE OF ILLINOIS,	is a	No Relationship of	[REDACTED]
P.O.Sandoval7055			
(Victim)			(Offender)
STATE OF ILLINOIS,	is a	No Relationship of	[REDACTED]
P.O.Sandoval7055			
(Victim)			(Offender)
STATE OF ILLINOIS,	is a	No Relationship of	[REDACTED]
P.O.Sandoval7055			
(Victim)			(Offender)



STATE OF ILLINOIS, [REDACTED]

is a No Relationship of

P.O.Sandoval7055

DOMESTIC INFO

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

NARRATIVE

CHARGES: 720 ILCS 130 0/2A- 4-156-305. COURT. 10 AUG 2012 43-2 0900HRSEVENT# [REDACTED]. IN SUMMARY, R/O'S OBSERVED NUMEROUS PERSONS ENTERING AND LEAVING THE THE LISTED LOCATION WHICH HAS PREVIOUSLY HOSTED RAVE PARTIES. UPON ENTERING A LARGE CROWD OF APPROX 100 PERSONS WITH MANY APPEARING TO BE UNDER AGE, A LARGE QUANTITY OF OPEN LIQUOR, A STEEL TANK LABELED NITROUS OXIDE AND NUMEROUS EMPTY BALLOONS. [REDACTED] STATED THAT THEY WERE HAVING A RENT PARTY IN WHICH THEY CHARGED A DONATION AT THE DOOR, [REDACTED] TRAVOR WAS THE DJ THAT WAS SET UP AND PLAYING LOUD MUSIC. AS R/O'S ENTERED BUILDING NUMEROUS PERSONS FLED DOWN THE REAR HALLWAY AND UP THE SECOND FLOOR, AND OUT THE BACK DOOR AS MORE UNITS ARRIVED ON THE SCENE. R/O'S WERE CLEARING THE BUILDING WHEN A LARGE PITBULL DOG CHARGED OFFICER P. COLLINS # [REDACTED] WHO DISCHARGED HIS WEAPON KILLING THE DOG ON THE SECOND FLOOR. LISTED OFFENDERS WERE BROUGHT INTO 011 DISTRICT FOR PROCESSING, AND CHARGED WITH 720 ILCS 130 0/2A, AND 04-156-305 22 MINORS WERE PRESENT, WERE CONTACT CARDED, AND RELEASED. THE DJ EQUIPMENT INVENTORIED UNDER # [REDACTED] AND [REDACTED]. EVIDENCE TECH 5854 RESPONDED TO SCENE TO PROCESS BOTH THE ESTABLISHMENT AND SHOOTING SCENE. ANIMAL CONTROL NOTIFIED FOR REMOVAL LOG # [REDACTED] OBTAINED FOR WEAPONS DISCHARGED

NOTIFICATION: SERGEANT G MURPHY Beat# 1110R Star# Emp# Date: 13-JUL-2012 Time: 0049 ONS
REPORTING OFFICER - STAR#. 12121 NAME. PHILLIP COLLINS JR BEAT: 1111R

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	924	# [REDACTED]	MURPHY, Gerard, T	[REDACTED]	13 Jul 2012 04 26	011	
Reporting Officer	7055	# [REDACTED]	CAMEY SANDOVAL, Carlos, R	[REDACTED]	13 Jul 2012 04:04	011	1111R

